

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010512

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 590

STATE FILE NUMBER

FILED APR 16 1962

## 1. PLACE OF DEATH

a. COUNTY Greeneb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Springfield, MissouriLength of stay in 1b  
353 days2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE New York b. COUNTYc. CITY OR TOWN New York CityInside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION U. S. Medical Center

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

516 E. 148th Street

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
James Chesley Hill4. DATE OF DEATH  
Month Day Year  
April 12 1962

## 5. SEX

Male

## 6. COLOR OR RACE

Colored7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

8/22/12

## 9. AGE (last birthday)

49

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Presser

10b. KIND OF BUSINESS OR INDUSTRY

Laundry

11. BIRTHPLACE (City and state or country)

Clayton, N. C.

12. CITIZEN OF WHAT COUNTRY

U. S.

## 13a. FATHER'S NAME

unknown

## 13b. MOTHER'S MAIDEN NAME

unknown

## 14. NAME OF HUSBAND OR WIFE

Orean Penny15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)Yes 1943-1945

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

MCFP Files, Springfield, Missouri

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Respiratory insufficiency

## INTERVAL BETWEEN ONSET AND DEATH

8 days

## DUE TO (b)

bronchial pneumonia10 days

## DUE TO (c)

primary bronchogenic carcinoma15 months

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April 24, 1961 to April 12, 1962 and last saw him alive on April 12, 1962Death occurred at 1:05 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## (Degree or title)

Garrence Kooiker, M.D.  
Medical Director MCFP

## 22b. ADDRESS

Springfield, Missouri

## 22c. DATE SIGNED

4-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

4/13/62

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

NEW YORK, NEW YORK

(State)

24. FUNERAL DIRECTOR  
H. H. LOHMEYER FUNERAL HOME  
SPRINGFIELD, MO.

## ADDRESS

25. DATE RECD. BY LOCAL REG.

4-12-62

26. REGISTRAR'S SIGNATURE

Effie S. Meltzer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

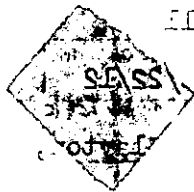
DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.



**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. 2747

P. O. Address *[Signature]*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER IN HIS OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

Permit renewed 4-13-62